

Alabama Department of Mental Health & Mental Retardation
Substance Abuse Services Division
Application for Medicaid Eligibility



Name of Requesting Organization: _____ Date: _____

Contact Person for Medicaid Eligibility: _____

Name of Person Applying for Eligibility: _____ Date Eligibility Should Begin: _____

APPLYING FOR: _____ LEVEL I (Medical Director)

1. Licensure as a Psychiatrist and two years substance abuse treatment experience; or
2. Licensure as a Physician and two years substance abuse treatment experience.

_____ **LEVEL II (Clinical Screening and Assessment)**

1. Licensure as a Psychologist and two years substance abuse treatment experience; or
2. Licensure as a Social Worker and two years substance abuse treatment experience; or
3. Licensure as a Licensed Professional Counselor and two years substance abuse experience; or
4. Masters degree in clinical area with a clinical practicum and two years substance abuse treatment experience.

_____ **LEVEL III (Treatment Planning and Counseling)**

1. Masters degree in a clinical area with a clinical practicum
2. Masters degree and one year supervised clinical experience in substance abuse treatment.
3. Bachelor's degree or RN and two years supervised clinical experience in substance abuse treatment.
4. Certified by an independent board (includes three years supervised clinical experience in substance abuse treatment), e.g. CAC or CADP

EDUCATION CREDENTIALS:

University	Degree	Field	Date

PROFESSIONAL CREDENTIALS

LICENSE #

Board Certified Psychiatrist	
Licensed Physician	
Licensed Psychologist	
Licensed Professional Counselor	
Social Worker (BSW, MSW, or LCSW):	
Other Certification (CAC, CADP, etc.)	
Name of Board	Certification Level
	Certificate #

APPLICATION MUST BE ACCOMPANIED BY TRANSCRIPT AND RESUME

EXPERIENCE IN SUBSTANCE ABUSE TREATMENT:

Program	Supervisor	Date Started	Date Left	Duties
1.				
2.				
3.				
4.				
5.				

I certify that the above information is correct.

Executive Director/ Program Director

SEND APPLICATION TO:

Alabama DMH/MR
Substance Abuse Services Division
Office of SA Certification
PO BOX 301410
Montgomery, AL 36130-1410